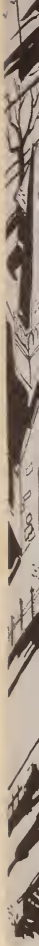


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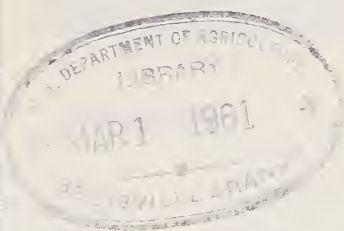
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HEALTH IMPROVEMENT

through the **RURAL**

DEVELOPMENT

PROGRAM

Third Progress Report

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HEALTH IMPROVEMENT through the RURAL DEVELOPMENT PROGRAM

Third Progress Report

By Elsie S. Manny¹

SUMMARY

Health improvement activity is increasing in counties taking part in the Rural Development Program. Surveys in many communities focused attention on chronic health problems which needed to be solved, such as lack of adequate medical facilities. This information compiled and publicized by committees directing the Rural Development Program stimulated action that resulted in many health improvements. Some accomplishments:

1. New medical facilities to attract additional health personnel were provided with funds from bond issues, private contributions, and Federal aid.
2. Home nursing courses, under direction of the Red Cross and Home Demonstration Clubs, were started to teach better care of home patients.
3. Public Health Departments, cooperating with schools, conducted extensive immunization and other health programs for children.

4. Community-wide educational programs stressed better nutrition and more adequate diets for children and adults.
5. Use of voluntary health insurance increased and participation in the Old Age and Survivors Disability Insurance Program expanded in Rural Development areas. The OASDI benefits make it possible for larger numbers of older people to pay for additional health services.
6. Improvements in community sanitation were more widespread than in any other health activity. In much of this work Public Health Departments assisted.

AIMS OF PROGRAM

Improving the level of living of low-income farm families is the basic aim of the Rural Development Program. The program was initiated in selected counties in 1956-57 to help people in low-income rural areas improve their living through (1) better use of local resources, including land, water, and manpower, (2) industrial and business development to provide off-

¹ Farm Population and Rural Life Branch, Agricultural Marketing Service.



farm work, and (3) better health and educational facilities.

Action originates with local people through county committees composed of community leaders and representatives of Government agencies. Although projects are planned in rural communities, the cooperation of many agencies and groups may be called upon to help carry them out. State committees, made up of public and private agencies, assist county leaders. The National Committee for Rural Development Program, composed of under secretaries of five Federal departments concerned,² plus the administrator of the Small Business Administration and a member of the Council of Economic Advisers, is an overall coordinating group. This National Committee has been established by Executive Order (No. 10847, October 12, 1959).

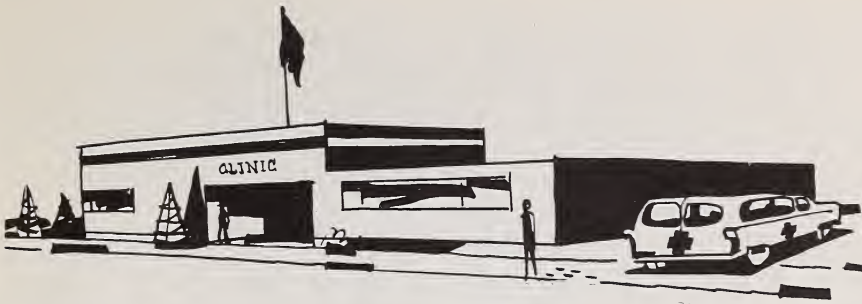
Some 200 counties and areas in 30 States and Puerto Rico are participating in some phase of the program. As a result of these activities, many families have increased their incomes through more efficient production of crops and livestock, off-farm employment, and better use of local resources. The pro-

gram recognizes that other factors besides economic advancement contribute to the well-being of a family. Improvements in education and health and broadened participation in the civic and religious life of the community are also program goals.

The second progress report on health³ contained data which pointed up the need for health improvement in Rural Development Program counties. The data showed that, compared with the total number of counties in the United States, Rural Development Program counties had (1) about a fifth higher infant mortality rate, (2) approximately a third fewer beds in general and allied special hospitals per 1,000 population, and (3) less than half the number of private physicians, dentists, and professional nurses for each 100,000 persons. Local per capita expenditures for organized public health services were less than half the average for all counties that had such services. Health Department personnel was a third less than that in other areas served by full-time organized public health services.

² Departments of the Agriculture, Interior, Commerce, Labor, and Health. Education, and Welfare.

³ *Health Improvement Activity in Rural Development Program Counties—Second Progress Report.* AMS-231, Agr. Marketing Serv., USDA, in cooperation with Public Health Serv., HEW, Washington, D.C. 6 pp. Mar. 1958.



This third report describes some of the work for better health in the counties that are participating in the program. It brings up to date health projects reported previously and also describes new activities started in the fiscal year 1958-59.

In participating counties the program is organized around a county committee of citizen leaders who have overall responsibility for planning and initiating work. In turn there will be several major subcommittees to originate projects in fields of agriculture, industrial development, youth training and career guidance, health and welfare. Health subcommittees of the Rural Development County Committees (referred to in this report as "Health Committees") are responsible for promoting health improvements. Following are some of the projects being carried on in various fields of health.

MEDICAL FACILITIES

More than 30 new hospitals and health centers are bringing medical care to increasing numbers of people in these areas. Many of the counties received help through the Hospital and Medical Facilities Program in financing the construction

of these hospitals and health centers. Local funds were raised through bond issues and contributions of individuals and groups.

This procedure was used in Latimer County, Okla. The Health and Welfare Committee of Latimer County solicited funds, and the county voted bonds for a 20-bed county hospital that will also house the county health unit. Federal funds cover \$144,000 of the total \$294,000 estimated cost.

The Santa Fe County Health Department, New Mexico, has a new building with modern equipment and facilities. This building and its facilities were made possible through county funds and Federal aid.

A new health center is to be erected at Galax, Carroll County, Va., with the help of funds provided through the Hospital and Medical Facilities Program.

Local initiative, without Federal aid, is illustrated in Centerville, Leon County, Tex. The Lions Club of Centerville conducted a health survey within the trade area of the town. The survey revealed the fact that among the 88 percent of families in the trade territory who go to towns in other counties to obtain medical facilities and services, an

average of some 1,400 miles a week were travelled, and over \$80,000 was spent annually outside the county. Local leaders raised \$33,000 which was used to secure a building site that would assure construction of a new clinic in Centerville to house a physician and dentist.

Residents of Raleigh County, W. Va., realized the need for better health facilities and approved a special levy that authorized the Raleigh County court to construct a \$200,000 county health center. This health center will serve the Rural Development Area which includes Fayette, Raleigh, and Summers Counties.

The Health Committee in Monroe County, Ohio, is working on a plan to acquire a full-time health center. The committee sent a letter to all township trustees and mayors outlining their responsibilities for public health. Five volunteer health groups signed the letter.

Because new health facilities attract medical personnel to rural areas, some communities build clinics for this purpose. A community in Tippah County, Miss., floated a bond issue to construct a medical clinic which brought a young doctor to the area. In Twiggs County,

Ga., a new home was provided for the use of a physician. Letters, phone calls, and visits are being used to attract a physician willing to settle in the community.

HOME NURSING

Better home care of the sick is a goal of some of the Health Committees. First aid or home nursing courses were given in at least 10 counties during the past year. Usually a number of communities were involved. In Watauga County, N.C., home nursing courses were given in several communities by instructors from Home Demonstration Clubs. They received training from Red Cross instructors.

Twelve instructors were trained in Red Cross nursing for the sick and injured in Houston County, Tenn., and 20 additional classes were being formed. Twenty-five Red Cross Volunteer Blood Aides were trained to help in the blood donor program.

Through the help of the Health Committee, the Red Cross conducted classes in home nursing in several communities in Itasca County, Minn. This committee was active in establishing home nursing service to provide professional nursing services for home patients.





The plan gives inactive nurses, living in the area, refresher courses to enable them to follow through with care prescribed by a doctor. This service enables rural patients to return home from the hospital sooner than would be possible without such aid.

In Bamberg County, S.C., a home demonstration agent conducted 33 demonstrations for Negroes in a type of program described as "Home Care of the Sick." Attendance at the demonstrations numbered 371 persons. The demonstrations contributed to more effective care of patients and to the keeping of records for the doctor. Three of the women who attended obtained jobs in the city as a result of taking this course.

PUBLIC HEALTH

Public Health Departments cooperated with community programs which included poliomyelitis immunization clinics, preschool examinations, school health and safety projects, and many clinical services to young and old. Thirty Rural Development counties reported immunization programs in the past year; half of the reports

mentioned poliomyelitis immunization for various age groups.

Cooperation of community organizations with the Health Department is illustrated in the following quotation from the Ouachita County, Ark., report:

"The County Health Department has an outstanding program of service in Ouachita County. Periodical clinics for crippled children, rheumatic fever, maternity patients, midwives, venereal diseases, and general immunizations are held each year. Preschool clinics were held in all schools in Ouachita County before the close of the school year, 1959. Hearing and vision screening is held in all schools each year. Assistance from the Home Demonstration Clubs, civic groups, and PTA is used in conducting these clinics."

A county nurse in Price County, Wis., is an active member of the Health and Welfare Committee. She set up immunization clinics for children and provided means for testing their hearing, sight, and

speech. During the summer of 1959, a resident of the county who teaches corrective speech elsewhere worked with the county nurse in teaching corrective speech to local children.

Four illustrated articles published in the local weekly newspaper gave 9,485 families in Guernsey County, Ohio, the opportunity to read about the facilities of the City-County Health Department. The articles urged readers to make greater use of available services.

SCHOOL HEALTH

School health programs reflect the continuing concern for better nutrition. Hot lunches, milk, and information on adequate diets were mentioned frequently in county reports. Refrigerators were bought for schools in Johnson County, Ky., to enable the school authorities to provide fresh milk daily for the children. Hot lunch or milk programs were added to 98 percent of the schools in Grainger County, Tenn. "Food-for-fitness" classes were taught by vocational home economics teachers in Elliott County, Ky.

Through the recommendation of the Health Committee in Ouachita County, Ark., demonstrations on the utilization of surplus commodi-

ties were given in five white and five Negro schools by the home demonstration agent. Three bulletins on the use of these foods were prepared by the nutrition specialist of the State Extension Service. When families received surplus commodities they were given copies of the bulletins.

A puppet show, poster contests, nutrition jingle contests, nutrition information, and food displays were used to carry on an educational campaign in 53 rural schools throughout Cherokee County, Okla. The campaign was sponsored by the Health Committee. Other features of the program were a "key garden" contest, posters, slogans, and recipes published in newspapers and broadcast on radio.

But the Cherokee County Committee is concerned with more than proper nutrition. Members of the committee saw the need for and set up a "Social Relations" committee to work with emotional problems of school children. A trained person was borrowed from the State Department of Public Welfare to visit the county when needed. The local committee takes care of referrals and makes arrangement for extended help.

The Health Committee in Dent County, Mo., is planning a survey to obtain health information about





rural school children. The committee is working closely with the County Superintendent of Schools and the rural teachers. Information on immunizations, previous illnesses, and physical check-ups will be obtained and placed on permanent file. Up-to-date records on children attending the Salem schools have been kept by a full-time health nurse but there has been no such information available about rural school children.

In Warren County, Ky., the Board of Education furnished the materials and the people provided the labor to build a cistern, capacity 6,000 gallons, for the local school.

Fire hazards in many schools were corrected through efforts of Rural Development Committees. They cooperated also in farm and accident prevention campaigns. Thirteen county reports mentioned programs of this type.

SANITATION

Improvements in sanitation are often dependent upon the help of city and county governments but local communities may have to initiate the action. For example, in Avoyelles Parish, La., the Rural Development workers helped the

town of Simmesport (population 2,200) in publicizing a proposed bond issue to put in a sewerage system and improve its water supply. In a vote held on August 4, 1959, the bond issue was authorized by a great majority.

The Health Committee in Guernsey County, Ohio, sponsored a series of 17 meetings related to trash and garbage disposal, involving more than 100 people in committees and public meetings. As a result, one dump was closed. It was reopened on an approved site, and three other dumps were improved. County and township officials are cooperating in trash disposal programs.

Fifty counties reported making community living safer and more pleasant through such measures as clean-up campaigns, water testing and establishment of water systems, garbage and trash disposal ordinances, building sewerage systems, draining swamp land, rodent and insect control, and inoculation of dogs against rabies. Public Health Departments have cooperated in bringing about these improvements.

Surveys are often used as a means of stimulating people to improve conditions in their communities. The Health Committee in Cumberland County, Va., with the cooperation of the Vocational Agricultural

Department and the county schools, supervised a "water-for-better-living" survey as a means of educating farm families regarding the value and importance of having running water in the home and on the farm. This committee also promoted a campaign for "better lighting for study, work, and play."

OTHER HEALTH AIDS

Social Security benefits have enabled many elderly people to obtain goods and services, including health services, which previously they could not afford. Giving information about Old Age and Survivors Disability Insurance to farm families in Rural Development Program counties has resulted in many people obtaining this help. Some were eligible already to receive benefits, others were encouraged to add enterprises and to seek off-farm employment in order to raise their income sufficiently to meet the requirements for coverage. During the past year Social Security provisions were discussed with 600 farm families in Hardin County, Tenn.

Rural Development workers in Bertie County, N.C., helped to supply information that increased the percentage of eligible farm families

receiving Social Security benefits from 49 percent on January 1, 1957, to 95 percent on January 1, 1959. In this 2-year period, payments in the county rose from \$226,000 to \$653,000 annually.

Similar results were obtained through intensive information campaigns in three West Virginia counties—Fayette, Raleigh, and Summers. Within 18 months, 2,000 persons started drawing payments for the first time. Nearly 16,000 beneficiaries living in these three counties are receiving benefits amounting to \$900,000 each month—an increase of about \$200,000 a month.

Increasing numbers of rural people are using voluntary health insurance as a means of paying hospital and medical bills. Although over half of all farm-operator families in the United States carry some form of health insurance, few low-income farmers are included because most of them are not eligible for group enrollment and cannot meet the payments on individual policies.

Bamberg County Farm Bureau (South Carolina) worked with the county agent in securing a Blue Cross-Blue Shield insurance policy that offered insurance to families at



group rates with group benefits. There were 196 families enrolled in the plan by June 1959. This was the first Farm Bureau in the State to be offered group insurance under this plan but, after it proved successful, the South Carolina Hospital Service Plan (Blue Cross Agency) offered it to other county Farm Bureaus and several of them are taking advantage of it.

Health surveys taken in Rural Development Program counties show that there is much unattended illness and disability among the people. The cost of medical serv-

ices is one contributing factor. If more of the families were covered by health insurance, they might seek medical help before the illness reached an acute or chronic stage. Preventive health measures as well as the early diagnosis and treatment of disease are important steps on the road to better health.

Source of Data: Unpublished reports submitted periodically to the USDA by counties participating in the Rural Development Program. (See also Rural Resource Leaflets No. 1, *Rural Development Program* and No. 5, *Using Your Community's Health Resources*.)



